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(571)-273-2885

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the postmark.

Mark Friedman Ltd
Bill Polkinghorn
9003 Florin Way
Upper Marlboro, MD 20772

7590

10/10/2007

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,708	01/10/2005	Gabby Elgressy	1543/7	24
TITLE OF INVENTION: COMBINED ELECTROCHEMICAL SYSTEM FOR SCALE TREATMENT AND ERADICATING LEGIONELLA PNEUMOPHILA BACTERIA IN WATER SUPPLY SYSTEMS				
PRIORITY		ISSUE FEE	TOTAL FEE(S) DUE	DUE DATE

TITLE OF INVENTION: PNEUMOPHILA BACTERIA IN WATER SUPPLY SYSTEMS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020
EXAMINER		ART UNIT	CLASS-SUBCLASS		
PHASGE, ARUN S		1753	205-742000		
CDE - Address (37		2. For printing on the patent front page, list registered patent attorneys			
		1. Mark m.			

PHASGE, ARUN S

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE _____

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown on the front of this form) _____

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☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, to Deposit Account Number 062140 (enclose an extra check if necessary).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.01(b)(2). If so, please indicate the date of the change: _____

☐ a. Applicant claims SMALL ENTITY status.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from a
 interest as shown by the records of the United States Patent and Trademark Office.

Date _____

Registration No.

Authorized Signature

Typed or printed name

Authorized Signature _____
 Typed or printed name Mark M. Friedman
 Registration No. _____
 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by
 35 U.S.C. 122 and 37 CFR 1.311. This collection is estimated to take 12 minutes to complete, including
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
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10/10/2007

Mark Friedman Ltd
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(Deposited)

(\$)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
10/520,708	01/10/2005	Gabby Elgresy	1543/7	2465

TITLE OF INVENTION: COMBINED ELECTROCHEMICAL SYSTEM FOR SCALE TREATMENT AND ERADICATING LEGIONELLA
PNEUMOPHILA BACTERIA IN WATER SUPPLY SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	01/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHASGE, ARUN S	1753	205-742000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 02-02 or more recent) attached. Use of a Customer Number is required.

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1. Mark M. Friedman

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ Publication Fee (No small entity discount permitted)

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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